

Indiana CA-PRTF Grant Evaluation Update

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Introduction

The Centers for Medicare and Medicaid Services funded a five year grant to demonstrate that intensive community based services for youth could provide a cost effective alternative to psychiatric residential treatment (PRTF). The demonstration asks two questions:

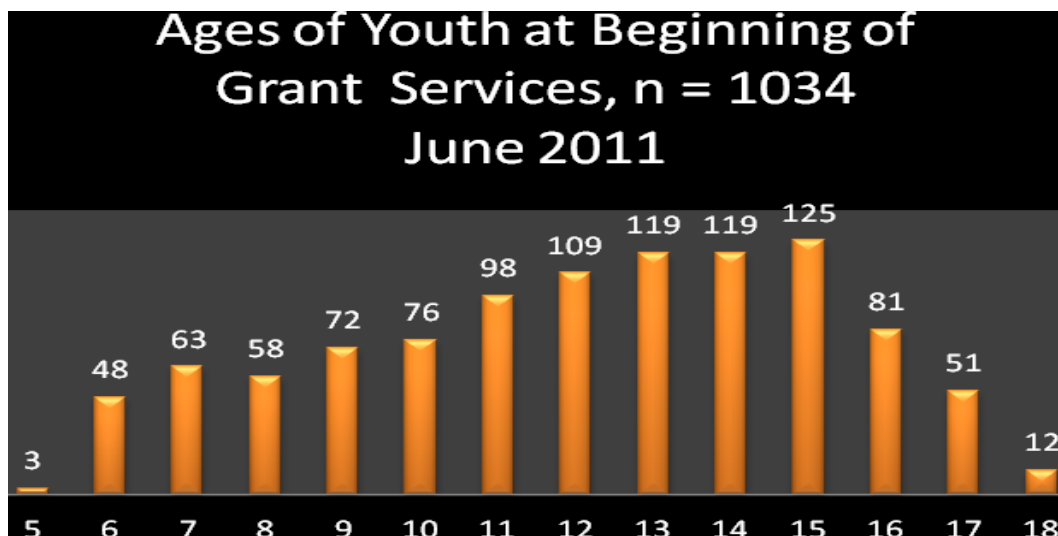
1. Can intensive community based services maintain or improve the functioning of youth who might be treated in PRTF?
2. Is it cost effective to provide community alternatives?

Nine states are participating in the demonstration. At the beginning of the fifth grant year, Indiana is reviewing our experience and outcomes. The following report summarizes the emerging findings.

Description of Youth Receiving Grant Services

Of 1034 youth who were enrolled in the CA-PRTF grant between January 2008 and June 2011, 873 (69.1%) were white, 233 (18.4%) African American, 10 (.8%) Native American, 1 (.1%) Asian, 51 (4%) Multi-racial and 3 (.2%) Other Race; 44 (3.5%) Hispanic and 837 (71.5%) were boys.

The average age at admission was 12.05, but more teens than young children have received grant services. As of 6/30/2011, the average age of grantees was 13.66 years old with a range of 6 to 21. All youth were within 150% of national poverty guidelines or eligible for Medicaid.



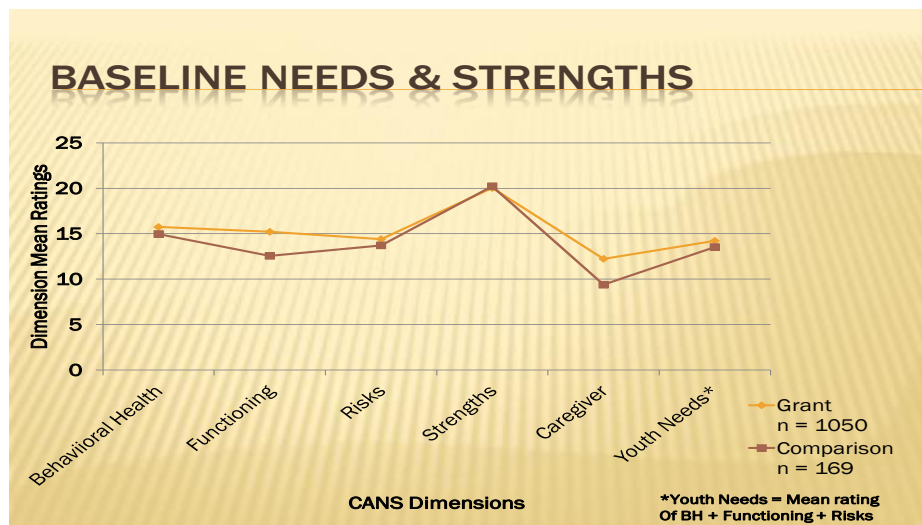
Comparison Group

A small comparison group of 141 youth were identified from two sources: admissions to psychiatric residential treatment facilities (PRTF) and youth who were clinically eligible for the grant, assigned a “slot number” in Insite, but did not receive any grant services. Given the varied implementation of Indiana’s residential providers, youth from PRTFs were selected if more than one CANS assessment was found. Over time some of the comparison group youth began grant services and were moved to the grant group. As of June 30, 2011, the average age of the comparison group was 15.06 with a range of 7 to 20. Eighty-one (67.5%) were boys; 94 (78.3%) were white; 23 (19.2%) were African American, 3 (2.5%) reported other race. Two (1.7%) were Hispanic. Youth were eligible for Medicaid based on family income or based on financial resources for the youth alone (family of one). As some youth receiving only PRTF services became grantees, increasing the size of the comparison group is a next step in the study.

Baseline Functioning

Functioning for youth was measured using the Child and Adolescent Needs and Strengths (CANS, Lyons, 2009). Needs and strengths are rated on a four point scale (0, 1, 2, 3) for specific items, such as depression, school functioning, etc. Items are grouped into five dimensions (behavioral health symptoms, daily life functioning, risk behaviors, child strengths, and caregiver strengths and needs. For the domains the ratings are averaged and multiplied times “10” to create a 30 point scale.

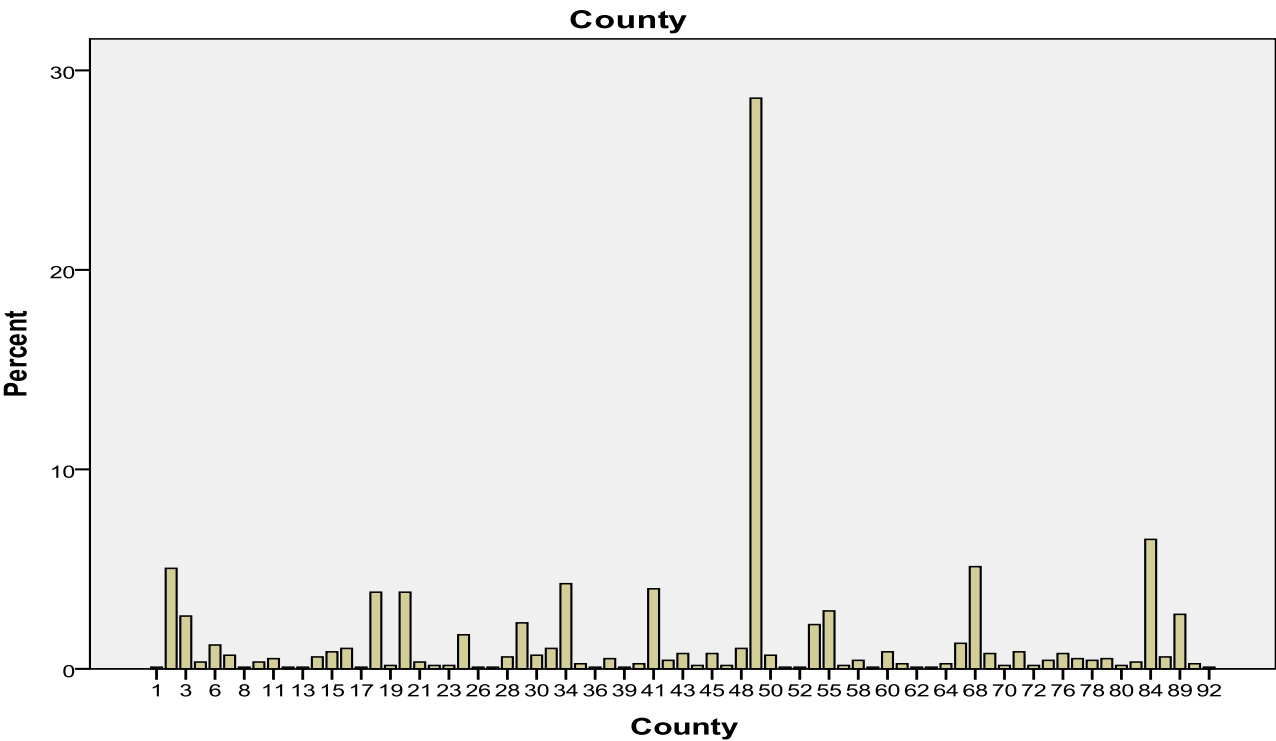
At the beginning of grant services 1050 youth averaged ratings of 15.74 for mental health and substance use needs, 15.21 on related functional impairments, 14.40 for risk behaviors, 20.03 for strengths (indicating need for strength building) and 12.24 for caregiver needs. A youth needs domain can be created (Doucette, 2009), averaging behavioral health symptoms, functional needs and risks; grantees averaged 14.21 on this combined needs scale. In comparison, 162 youth who received only PRTF or usual community based services averaged 14.97 for behavioral health needs, 12.57 on functional needs, 13.72 on risks, 20.22 on strengths and 9.39 on caregiver needs. The combined youth needs score was 13.53. As illustrated below, youth in both groups began services with levels of need, especially for behavioral health symptoms, risk behavioral and strengths. A higher level of functional impairments and caregiver needs were seen in the community alternative group.



Locations

About 29% of youth receiving grant services live in the Indianapolis area; youth and families from across Indiana participate.

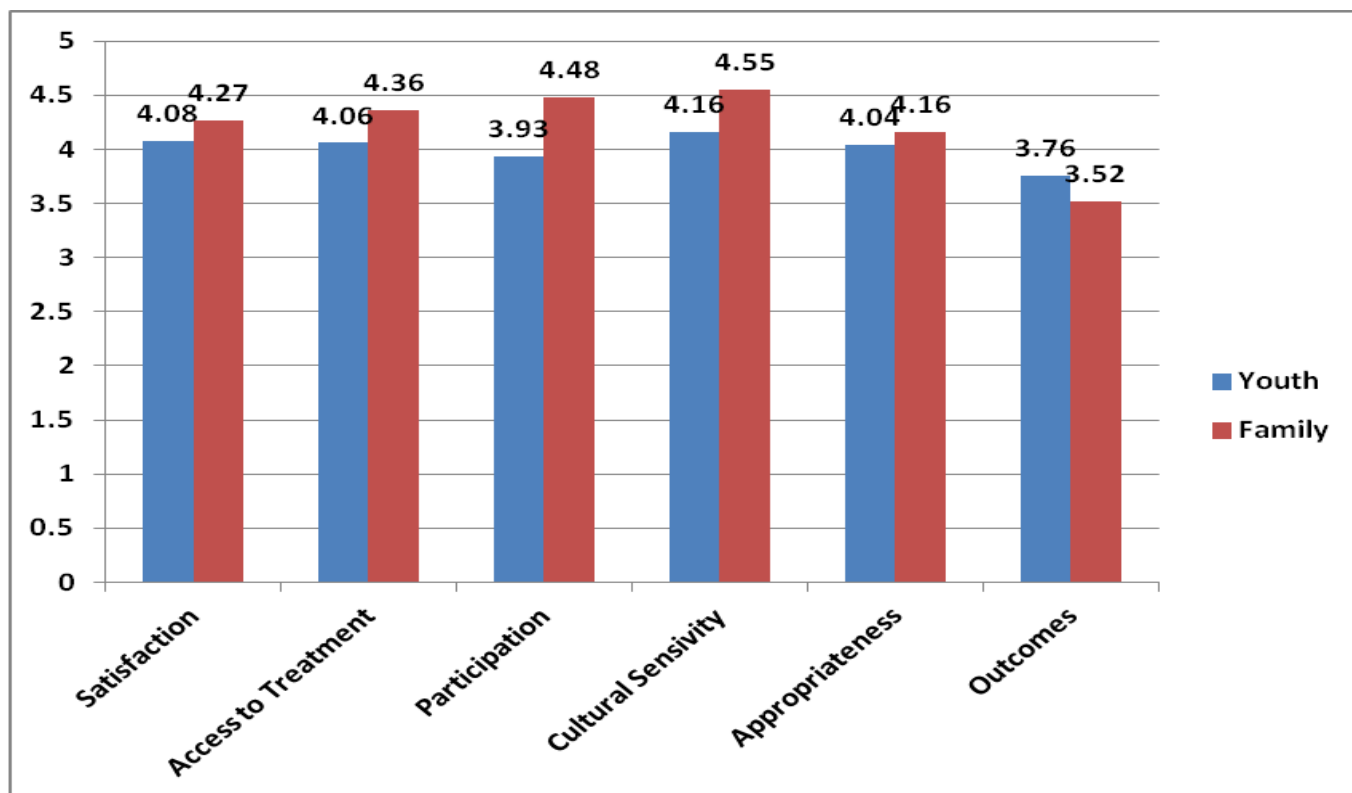
Percent of Youth Receiving Grant Services by County



Youth and Family Satisfaction

The most recent satisfaction information from families and youth receiving grant services follows. Feedback from 202 youth was obtained using the Youth Services Survey (YSS, Blunk, 2001) and from 483 families using the similar Youth Services Survey for Families (YSS-F, Blunk, 2001). The survey uses a five point scale (1, 2, 3, 4, 5) to indicate that the individual strongly agrees (5), agrees (4), is undecided (3), disagrees (2) or strongly disagrees (1) with statement, e.g., “overall, I am satisfied with the services my child received.” Youth and families complete YSS and YSS-F surveys on an annual basis or at the termination of services for each child on the grant. The figure below compares satisfaction rating across dimensions for youth and families. Overall Satisfaction is reflected in the first set of columns.

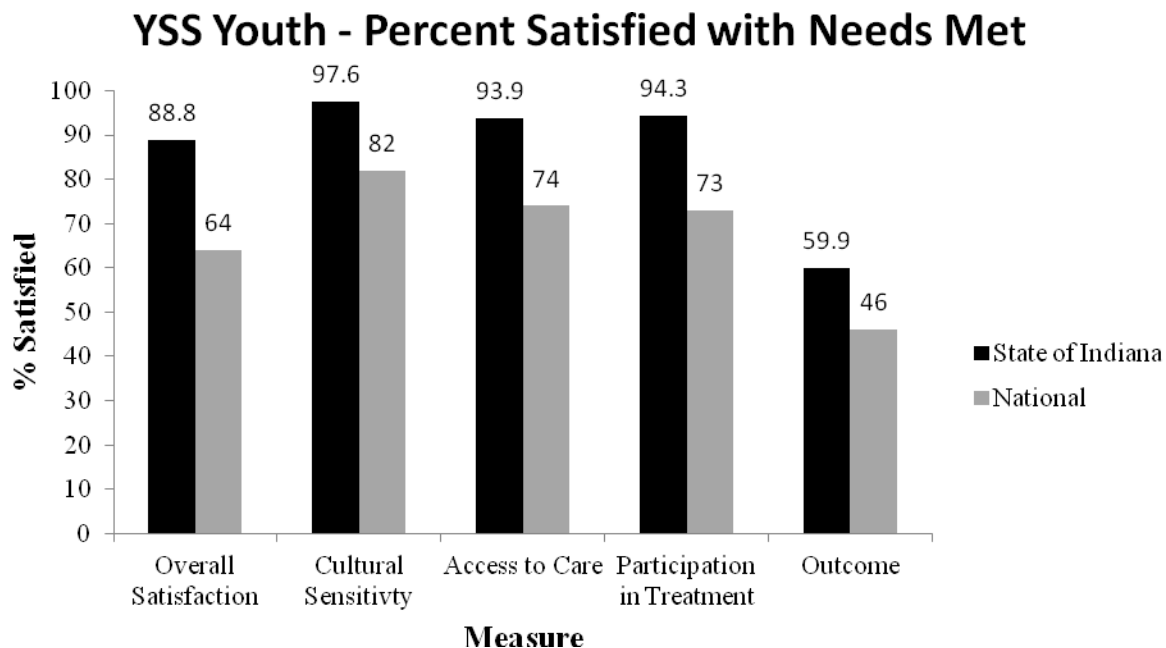
Comparison of Youth & Family Satisfaction for Grant (YSS)



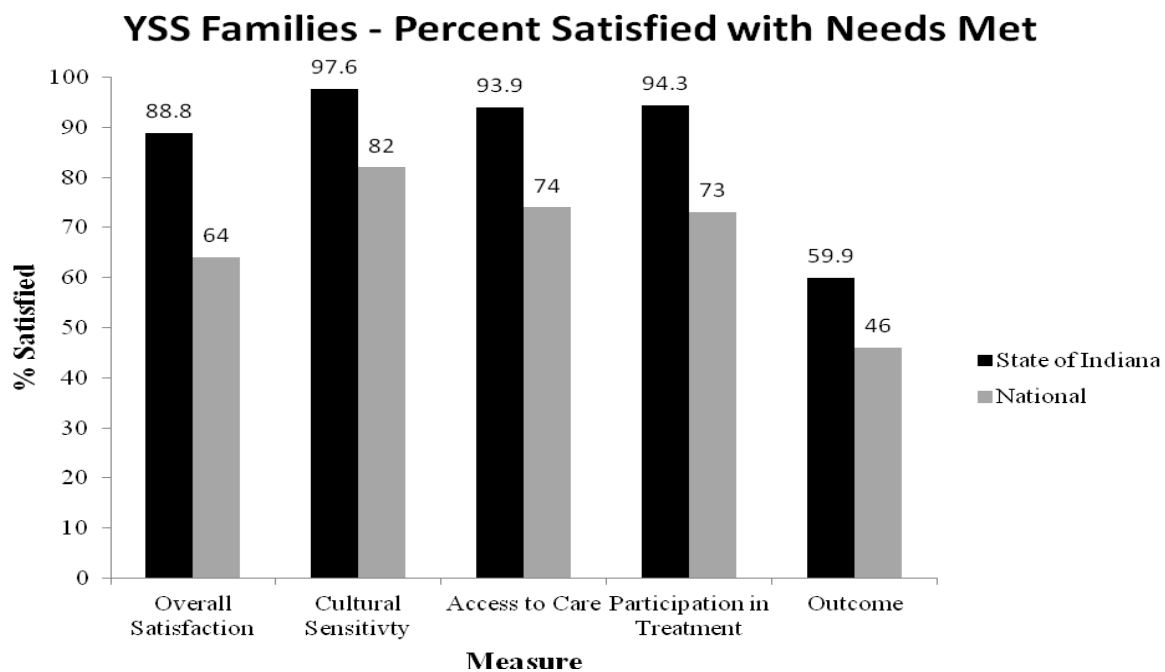
The following tables and figures compare the satisfaction of Indiana's youth and families receiving grant services with nation YSS data from 16 states.

- From January 2008 – June 2011, 204 youth and 490 families completed surveys ($n = 694$).
- Below is a breakdown of survey results with comparison to national averages:

YSS Youth – Percent Satisfied with Needs Met			
Measure	# Satisfied*	% Satisfied	Above National Average**?
Overall Satisfaction	178	87.7%	Yes (+22.7%)
Cultural Sensitivity	187	91.7%	Yes (+13.7%)
Access to Care	181	88.7%	Yes (+20.7%)
Appropriateness	171	83.8%	NA
Participation in Treatment	154	75.5%	Yes (+17.5%)
Outcome	150	73.5%	Yes (+16.5%)
<i>N = 204</i>			



YSS Families – Percent Satisfied with Needs Met			
Measure	# Satisfied*	% Satisfied	Above National Average**?
Overall Satisfaction	435	88.8%	Yes (+24.8%)
Cultural Sensitivity	478	97.6%	Yes (+15.6%)
Access to Care	461	93.9%	Yes (+19.9%)
Appropriateness	413	84.3%	NA
Participation in Treatment	462	94.3%	Yes (+21.3%)
Outcome	293	59.9%	Yes (+13.9%)
<i>N = 490</i>			



*Satisfaction is measured by a response of 3.5 or higher on a 5-point Likert scale

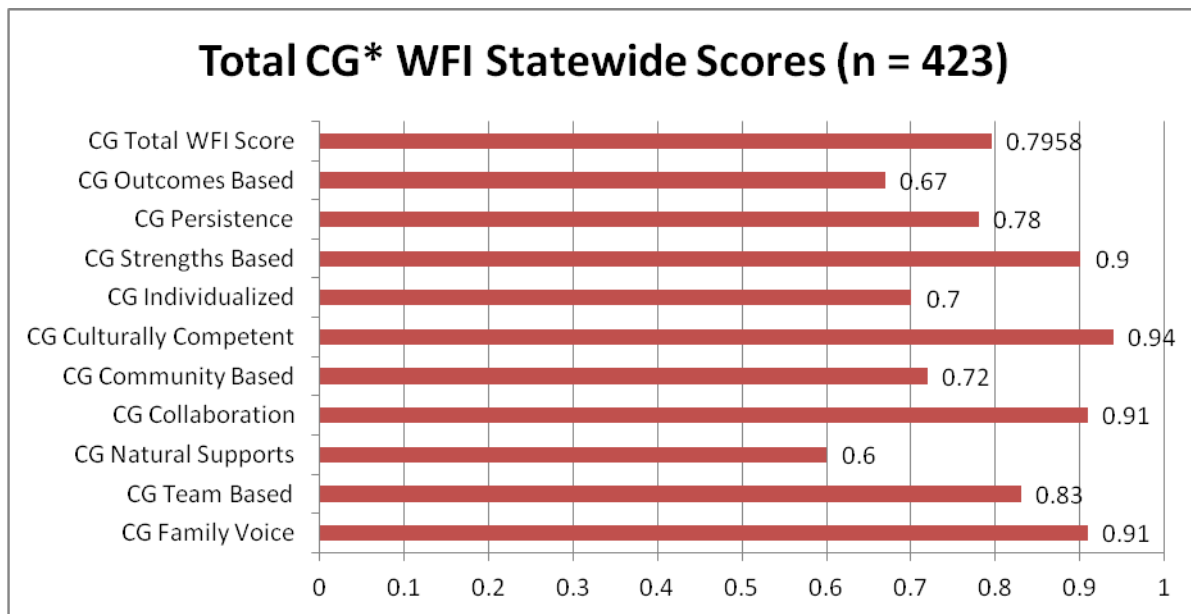
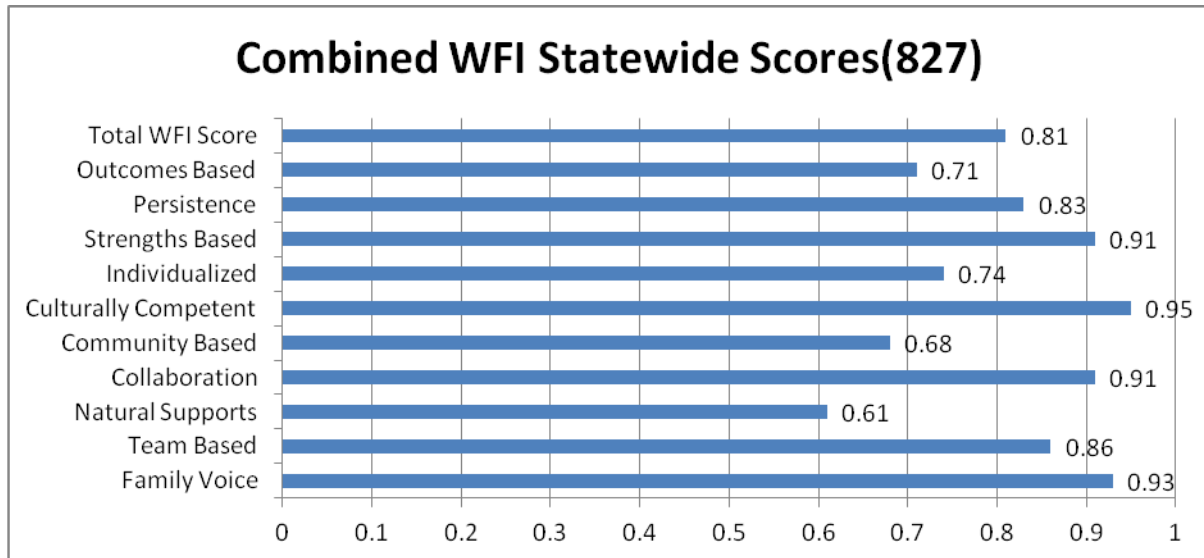
**National averages are based on a 16 state pilot study on state mental health agency performance measures in 2001.

How closely are we following the Wraparound Practice Model?

Wraparound Fidelity (WFI-4 Scores) Jan 2008 – June 2011

Statewide Average Combined Total WFI Score (836) .81

- Facilitator Statewide Combined Total (822) .829
- Caregiver Statewide Combined Total (423) .795
- Youth Statewide Combined Total (117) .746



How do Indiana's fidelity ratings compare with other parts of the country? With our adherence to Wraparound Service model principles last year?

WFI Element	Nat'l Average*	CA-PRTF July 2010	CA-PRTF July 2011
Outcomes Based	67%	69%	71%
Persistent	82%	84%	83%
Strengths Based	83%	89%	91%
Individualized	69%	70%	74%
Culturally Competent	91%	95%	95%
Community Based	71%	67%	68%
Collaborative	85%	91%	91%
Natural Supports	64%	57%	60%
Team Based	72%	84%	83%
Family Voice	83%	93%	91%
Overall WFI	77%	80%	81%

> 85%	High Fidelity
75-85%	Adequate Fidelity
65-74%	Borderline Fidelity
< 65%	Low Fidelity

Outcomes

Reliable Change Measured by the CANS

One of the questions of the national CA-PRTF Evaluation is if youth receiving intensive community based care can be maintained or improve. The Child and Adolescent Needs and Strengths (CANS, Lyons, 2009) is used to monitor progress for youth in public services in Indiana. Reliable change is measured by averaging CANS items within dimensions (mental health needs, functioning, risks, child strengths and caregiver needs and strengths). The average is multiplied time 10 to create dimension scores. Based on Indiana data, the amount of statistically significant change for each dimension (reliable change index) has been calculated for each dimension.

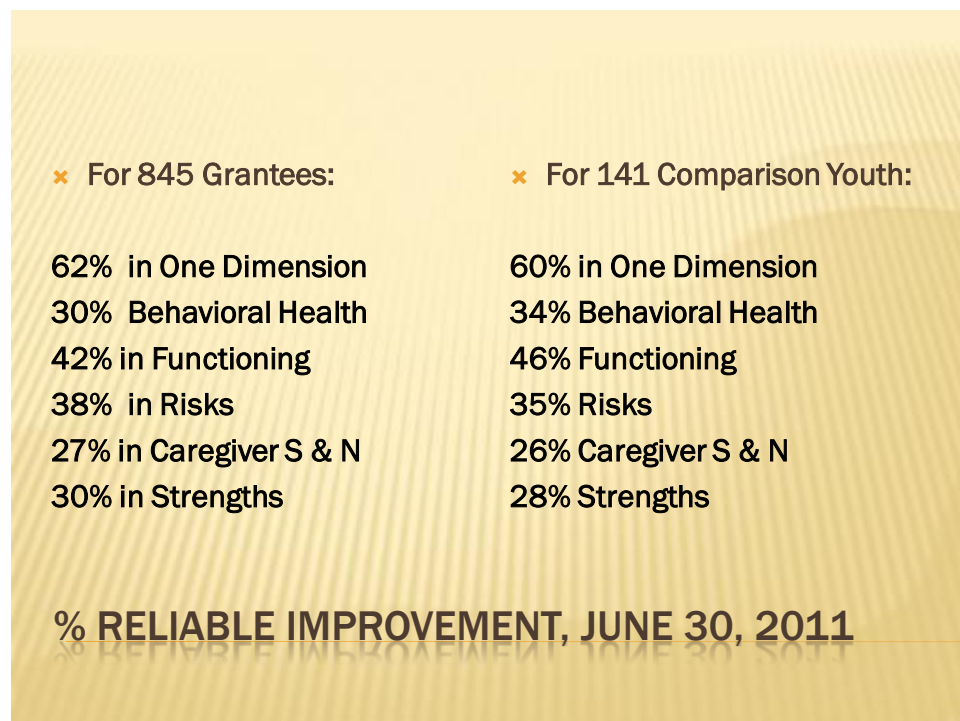
The following table reports the number and percentage of youth who have completed PRTF services (first episode of care) who improved.

Percentage of Youth Ending One Episode of Grant Services Who Have Improved, n = 537

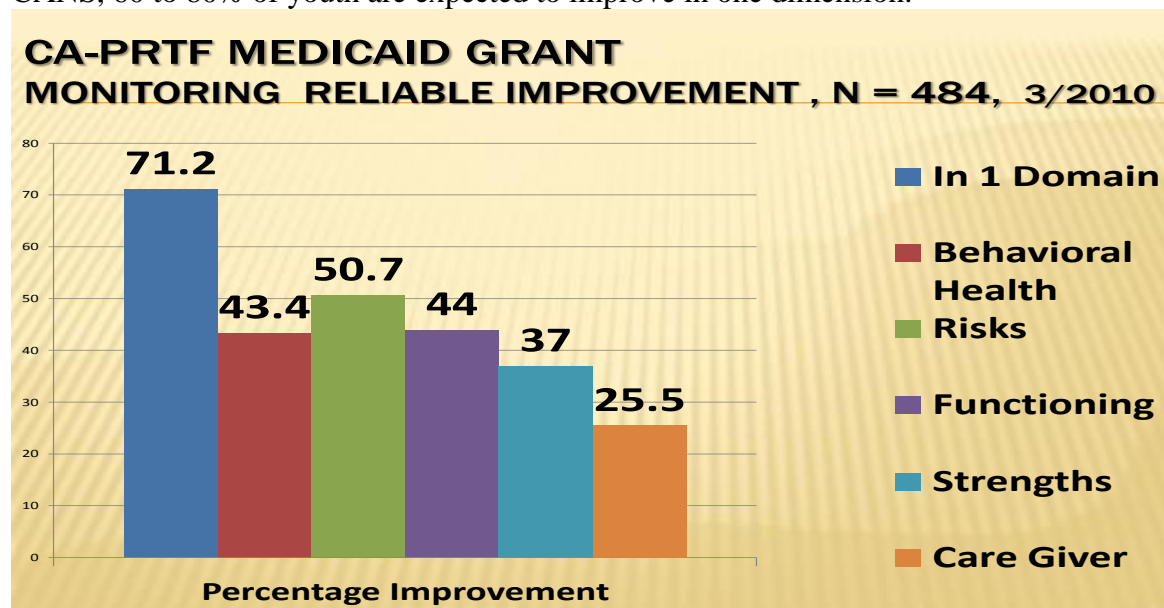
Dimension	Number	Percentage
Improvement in Any Dimension	399	74.3
Improvement in Mental Health	227	42.3
Improvement in Functioning	223	41.5
Improvement in Risks	379	70.6
Improvement in Strengths	184	34.3
Improvement in Caregivers S & N	156	29.1

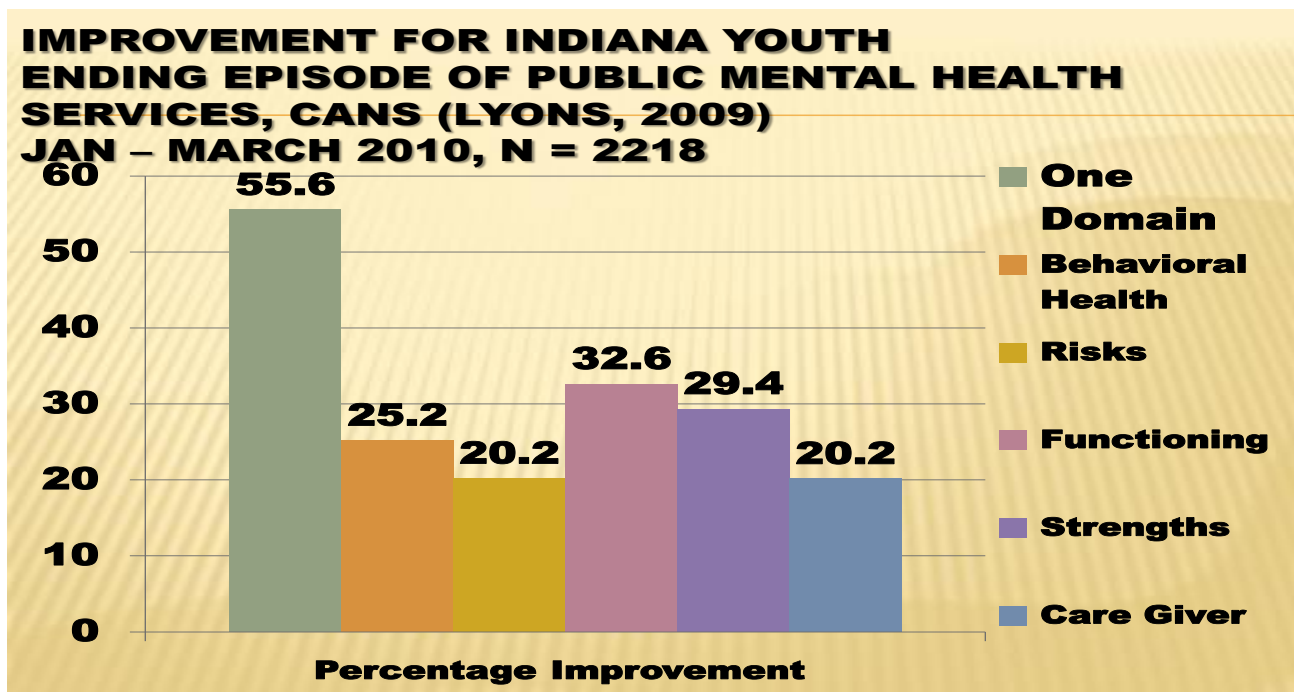
$p < .05$

For all grantees and for the comparison group the following slides describes the percentages of reliable change in each CANS dimension. This slide includes youth who ended an episode of grant services and youth in active treatment through the grant and other Medicaid services.



CANS outcome data from 2010 provides a point of comparison for youth receiving grant and usual public mental health services through organizations that contract with DMHA. Nationally, using the CANS, 60 to 80% of youth are expected to improve in one dimension.





The Jan – March 2010 figure is reports the level of improvement for youth completing an episode of care in Indiana’s usual public mental health services. Percentages of improvement for the state have consistently fallen between 53 and 58% with a much wider range for individual providers. Youth in this sample have a wider range of needs and receive a wide range of services from outpatient to wraparound services.

The relationship between the level of wraparound fidelity in the child and family team and outcomes for youth has been monitored since 2009. As the number of youth increased with both WFI -4 survey and outcome information grew, the relationship between close adherence to the practice model and improvement have become clearer. Outcomes for youth with less than high fidelity looks more like usual public services.

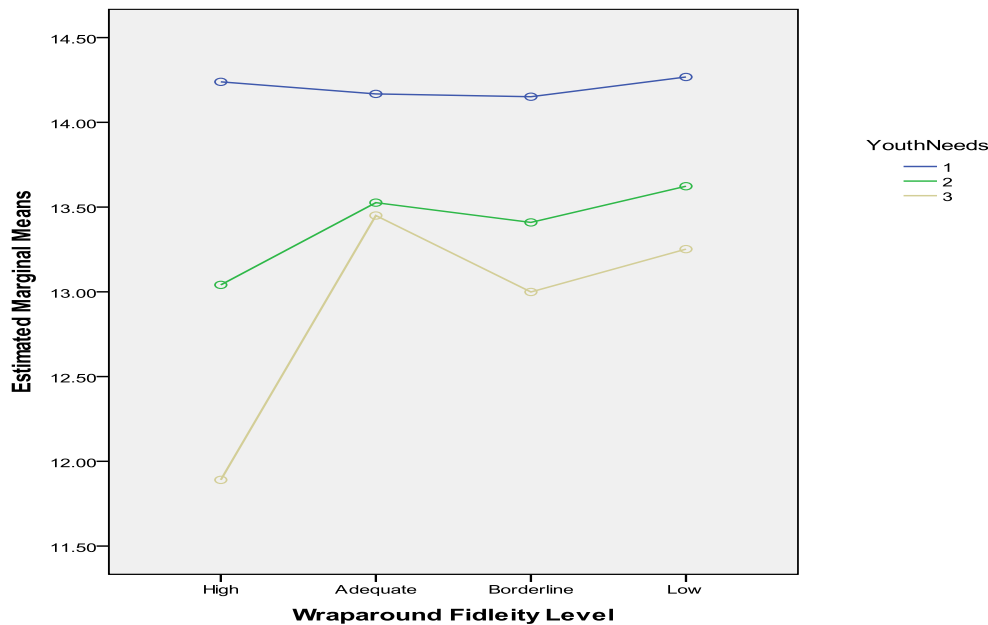
RELATIONSHIP OF FIDELITY AND OUTCOMES						
Fidelity Level	N 2009	% Improvement Nov 2009	N 2010	% Improvement March 2010	N 2011	% Improvement June 2011
High	28	82.1	123	78	370	65%
Adequate	41	65.9	153	66.7	287	52%
Borderline	13	69.2	66	72.7	116	54%
Low	9	55.6	33	63.3	59	54%
Total #	91		375		832	

Time in Services, Wraparound Fidelity and Decreased Youth Needs

A factorial repeated measure ANOVA evaluated the significance of change for between grantees over time. Youth Needs (mean rating of all Behavioral Health, Functioning and Risk items; Lyons, 2009) multiplied by 10 was measured for 571 youth before they began services, in six months and the last assessment as of June 30, 2011. The last point in time could have been 12, 24, 36 months or discharge. The level of fidelity to wraparound is a between-participant factor, assumed to impact the change in youth's needs. The number of youth at each level of fidelity varied [264 high (1), 208 adequate (2), 67 borderline (3), and 32 low (4)].

Mauchly's test indicated that the assumption of sphericity had been violated for change in youth needs over time, $\chi^2(2) = 75.96, p < .05$. Therefore, degrees of freedom were corrected using Greenhouse Geisser estimates of sphericity tests ($\epsilon = .89$ for the main effect of time). The results show that linear change in youth needs was significantly affected by the time in grant services, $V = .06, F(2, 566) = 17.60, p < .001$.

There was a significant linear main effect of time in grant services for youth needs, $F(1.78, 1007.48) = 21.12, p < .001$. The effect size of the change in youth needs over time is .14, a small effect size. There was also a significant main effect for the level of the level wraparound fidelity on change in youth needs, $F(5.33, 1007.48) = 4.74, p < .001$. The change in youth needs is reflected in the following figure. Although the average (mean) level of behavioral health, functioning and risks



for all youth decreased from the level of need when services began, youth in high fidelity wraparound teams experienced significantly higher levels of improvement.

Who Benefits? Under What Circumstances?

For 462 youth who have been discharged from grant services, a multiple linear regression analysis was used to determine who benefited from grant services and gain insight as the necessary services and supports for positive change. Based on other research and prior analysis of the grant, data for the following items were entered into the computer to see if they are related to change: wraparound fidelity, age, gender, race, ethnicity (Hispanic), and how the youth were functioning at the beginning of services: behavioral health needs, life domain functioning, risks, strengths and caregiver strengths & needs. To this model service Medicaid claims information was added: total grant services, acute inpatient, PRTF, individual therapy, medication management, psychotropic medications, etc.

Findings: Related to change in youth needs (behavioral health symptoms, risks & functioning) are wraparound fidelity, the intensity of specific services and baseline needs. Specifically, although total wraparound fidelity increased the likelihood of improvement, two elements predicted improvement: community and outcomes based services. Higher levels of behavioral health needs, and poor functioning also predict the likelihood of improvement. At a more detailed level, higher initial levels of oppositional behavior and adjustment to trauma needs predict the likelihood of improvement. Receiving grant services and individual treatment (state plan services) also predict decreased needs for youth.

Some factors are associated with increased needs, such as higher levels of case management, psychotropic medication and acute inpatient psychiatric treatment.

The lack of significant findings related to age, gender, race, ethnicity and caregiver strength and needs indicates that no significant differences were found for youth with specific descriptive or cultural characteristics.

RELATIONSHIP – IMPROVEMENT AND ??

✦ 462 Discharged Youth

✦ Considered:

- + Age & Gender
- + Race & Ethnicity
- + Beginning Functional Needs
- + Type & Amount of Services
- + Wraparound Fidelity

✦ FINDINGS:

✦ **Improvement in Youth Needs** (CANS BH, Risks & Functioning) related to:

- + **Wraparound fidelity**
(outcome & community based)
- + **Higher levels of Baseline Behavioral Health Needs**
(Trauma & Oppositional Behavior) & Poor Functioning
- + **Grant Services & Individual Treatment**

OTHER RELEVANT INFORMATION:

- ✗ Associated with increased Needs (“WORSEning”)
- ✗ Higher levels of Case Mangement
- ✗ More psychotropic medication
- ✗ Acute Inpatient Psychiatric Treatment
- ✗ Lack of findings regarding change related to age, gender, race, ethnicity and caregiver needs indicate no significant differences for youth with specific descriptive or cultural characteristics.

CAUTION: FINDINGS DO NOT SUGGEST CAUSE

Caution: These findings do not prove causation, only a positive or negative relationship between change in the needs of youth and other factors.

YOUTH WITH CO-OCCURRING NEEDS

65 Youth with Substance Use Needs :

- ✗ Ended Grant Services
- ✗ Longer Length of Stay* more likely to improve
- ✗ Boys and Multi-racial Youth Less Likely to Improve
- ✗ Inpatient psych care less likely to improve

***Consistent with SU treatment research**

114 Youth with Developmental Disorders

- ✗ Ended grant services
- ✗ Higher wraparound fidelity predicts improvement, especially community based element
- ✗ Inpatient psych care predicts less likely to improve

PREDICTS IMPROVEMENT

- ✖ Closely Following the Wraparound Practice Model (Outcomes & Community Based)
- ✖ Higher Levels of Individual Treatment
- ✖ Hispanic Ethnicity
- ✖ Higher Baseline Behavioral Health, Functioning & Baseline Functioning Needs

PREDICTS WORSENING

- ✖ Inpatient Acute Psych Tx
- ✖ Higher Levels of Psychotropic Medication
- ✖ Higher Levels of Case Management

FOR 755 GRANTEES – CHANGE IN YOUTH NEEDS BETWEEN ADMISSION AND LAST CANS

Services Paid Medicaid CA-PRTF Grant Claims January 2008 - June 2011

One of the basic questions for the demonstration grant was whether intensive community based services are cost effective. Cost is measured using paid Medicaid claims for grant and other Medicaid services (physical and behavioral health). The following tables compare the amount of paid Medicaid claims for grantees and youth in the comparison group.

Findings. The following table compares Medicaid paid claims between Jan 2008 and June 2011 for grantees and youth in the comparison group. An independent t-test comparison of means was used to determine the statistical significance of differences.

AVERAGE INDIANA PAID CLAIMS FOR GRANTEES AND YOUTH IN COMPARISON GROUP

Group	N	Grant	Medical	PRTF	BH Services	State Plan	Total
Comparison	141	0	3661	54,103	93,134	96,796	96,796
Grant	1062	21,149	4274	13,498	45,733	50,007	71,189
Difference		-21,149***	-613	40,605***	47,401***	46,789***	25,607***

*** $p < .001$

Discussion. Indiana's claims data indicates that significant differences exist in the cost of PRTF services for youth who receive grant services as compared with the non grant group of youth with similar needs. Grant services average \$21,149/youth compared to PRTF costs of \$54,103/youth in comparison group. The use of PRTF services prior to, between and after grant services reflects transitions from community based to out of home treatment. However, average PRTF use by grantees (\$13,498) contrasts sharply the comparison group (\$54,103). Youth in the comparison group, on average, received \$25,607 more in Medicaid services within this time frame than youth receiving intensive community based services, $p < .001$. The slight difference for physical health costs is not significant. See Appendix A for service details.

For additional information, contact:

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Appendix A. Detailed Services Information

Medicaid Claims Data for Grant and Comparison Youth Grant Admission – June 30, 2011

Grant Services	N		Mean	Std. Deviation	Minimum	Maximum
	Valid	Missing				
Wrap Facilitation	1070	9	8584.3961	8922.53752	.00	74922.50
Wrap Tech	1066	13	2308.6708	4824.89826	.00	39941.92
Transportation_NonMedical	1066	13	3.0019	48.37252	.00	1490.00
Family Training	1066	13	145.4453	591.57366	.00	6984.67
Clinical	1066	13	1022.1701	3134.02330	.00	33355.00
Respite_Hourly	1066	13	227.9706	1049.85863	.00	12081.20
Respite_Day	1066	13	277.7131	1001.93161	.00	10300.00
Respite_Crisis	1066	13	118.3480	777.57249	.00	12120.00
Respite_PRTF	1066	13	6.6355	93.23011	.00	1607.60
Respite	1066	13	632.6131	1840.28555	.00	14180.00
Flex Funds	1066	13	313.8453	688.49191	.00	14466.40
Habilitation	1066	13	8150.6134	12927.17525	.00	147699.26
Total Grant	1065	14	21149.2338	25393.38872	.00	213093.26

Comparison Group did not receive any grant services, based on paid Medicaid claims.

Medicaid State Plan	N		Mean	Std. Deviation	Minimum	Maximum
	Valid	Missing				

Inpatient)nonpsych	1066	13	298.3732	2228.39158	.00	53215.41
Inpatient_psych	1066	13	2092.2341	4851.88421	.00	52283.01
State Hospital	1066	13	3717.3974	27456.01037	.00	389061.25
PRTF	1066	13	13498.3237	34420.39081	.00	249660.28
BH Inpatient Summary	1066	13	19307.1456	48826.98646	.00	389061.25
Medical	1066	13	435.1477	1063.92051	.00	22187.44
Medical_Psychiatris	1066	13	881.7617	3579.48523	.00	71789.27
Lab	1066	13	306.9989	464.90546	.00	3857.41
Dental	1066	13	974.7333	917.05702	.00	8989.08
Vision	1066	13	178.3709	362.88540	.00	9439.83
Transportation_Medical	1066	13	117.6398	530.17025	.00	11290.00
Outpatient	1066	13	78.5098	317.50346	.00	3264.00
Crisis	1066	13	415.5310	608.86652	.00	6182.67
Family Support	1066	13	372.1142	606.48199	.00	6529.02
Visit 24 hr fac	1066	13	265.9312	592.30594	.00	8675.94
Assessment	1066	13	367.5916	270.79118	.00	2153.95
Transportation_BH	1066	13	48.3744	146.87851	.00	1960.50
Group Tx	1066	13	84.5923	298.88085	.00	3399.72
Individual Tx	1066	13	1573.1883	1668.66278	.00	14894.80
Medication Mgt	1066	13	895.4011	854.28723	.00	9574.17
Case Mgt	1066	13	5482.2005	6154.09820	.00	63631.84
Peer	1066	13	798.2682	3510.57991	.00	111783.70
Day Tx	1066	13	1061.0177	3595.23091	.00	61335.00
Skills Training	1066	13	4430.3815	7458.36487	.00	101297.48
Pharma_nonpsych	1065	14	1105.2627	4267.63872	.00	87767.75
Pharma_psych	1065	14	10592.7557	10246.31643	.00	74933.56
All Medical	1062	17	4274.5208	7626.39750	.00	111481.68
All BH_state plan	1062	17	45733.0323	57110.44833	75.73	424438.79
Medicaid State Plan	1062	17	50007.5540	58324.64714	75.73	426367.60
AllMedicaidServices	1062	17	71188.5042	64548.14045	463.80	430959.80

a. Grant Group

Medicaid State Plan	N		Mean	Std. Deviation	Minimum	Maximum
	Valid	Missing				
Inpatient)nonpsych	148	22	152.6614	1122.50364	.00	11465.36
Inpatient_psych	148	22	3708.6759	6377.84184	.00	29680.75
State Hospital	148	22	8885.6255	42625.37654	.00	277911.10
PRTF	148	22	54103.4264	46788.66204	.00	197806.04
BH Inpatient Summary	148	22	66698.3452	71262.64654	.00	444414.71
Medical	148	22	336.1565	554.72588	.00	2732.84
Medical_Psychiatris	148	22	503.1510	628.27330	.00	5027.49
Lab	148	22	594.9048	771.86979	.00	4562.75
Dental	148	22	922.5000	595.61557	.00	3434.20
Vision	148	22	192.9841	194.07781	.00	1012.03
Transportation_Medical	148	22	79.9810	193.40724	.00	1318.48
Outpatient	148	22	37.6626	182.52472	.00	1509.60
Crisis	148	22	435.7999	703.81648	.00	5328.01
Family Support	148	22	292.8570	598.44780	.00	4215.08
Visit 24 hr fac	148	22	842.2212	1469.33269	.00	8303.10
Assessment	148	22	396.6533	364.96811	.00	2087.30
Transportation_BH	148	22	91.3911	206.15662	.00	1339.02
Group Tx	148	22	49.7426	191.27103	.00	1701.83
Individual Tx	148	22	1036.8841	1385.55162	.00	9940.15
Medication Mgt	148	22	1053.9311	986.44826	.00	5093.90
Case Mgt	148	22	4161.9646	6734.65741	.00	49907.45
Peer	148	22	694.2661	973.13436	.00	6939.08
Day Tx	148	22	1862.7353	5814.98294	.00	51145.25
Skills Training	148	22	1936.6186	3699.65233	.00	20092.13
Pharma_nonpsych	148	22	874.1338	2283.85746	.00	24848.33
Pharma_psych	148	22	12985.1307	9988.57971	.00	52916.35
All Medical	147	23	3661.4043	3662.43309	.00	32348.84
All BH_state plan	147	23	93134.3067	76127.23183	.00	456523.27
Medicaid State Plan	147	23	96795.7110	76359.04031	.00	457257.94
AllMedicaidServices	147	23	96795.7110	76359.04031	.00	457257.94

a. Comparison Group

Statistics ^a						
Medicaid State Plan Services	N		Mean	Std. Deviation	Minimum	Maximum
	Valid	Missing				

Inpatient)nonpsych	11	3	.0000	.00000	.00	.00
Inpatient_psych	11	3	879.3345	1665.79114	.00	5060.93
State Hospital	11	3	5383.9600	17856.57521	.00	59223.56
PRTF	11	3	12115.4582	22351.56914	.00	63339.44
BH Inpatient Summary	11	3	18378.7527	27440.06174	.00	65586.19
Medical	11	3	536.9427	883.84954	.00	2965.57
Medical_Psychiatris	11	3	307.4636	286.57420	.00	871.50
Lab	11	3	514.7236	877.22780	.00	2668.95
Dental	11	3	1197.4418	1102.50589	167.82	4051.69
Vision	11	3	198.6936	135.64697	.00	405.54
Transportation_Medical	11	3	.0036	.00924	.00	.03
Outpatient	11	3	.0000	.00000	.00	.00
Crisis	11	3	288.3909	216.31527	.00	729.71
Family Support	11	3	490.3782	392.69699	51.81	1411.08
Visit 24 hr fac	11	3	168.5318	275.20023	.00	825.55
Assessment	11	3	413.0445	259.50559	77.72	861.76
Transportation_BH	11	3	45.1145	117.66288	.00	385.42
Group Tx	11	3	5.2436	17.39117	.00	57.68
Individual Tx	11	3	1348.1800	1484.18801	127.34	4371.44
Medication Mgt	11	3	668.4273	483.36678	81.35	1391.20
Case Mgt	11	3	6754.5945	7485.25179	72.65	22678.08
Peer	11	3	623.4127	972.92955	.00	3252.02
Day Tx	11	3	2711.4300	8992.79596	.00	29825.73
Skills Training	11	3	6504.8273	5543.80789	.00	15135.06
Pharma_nonpsych	11	3	722.9891	1204.56087	37.88	4013.92
Pharma_psych	11	3	9021.6255	5500.96125	373.16	16950.91
All Medical	11	3	3478.2582	2701.41426	627.36	9295.32
All BH_state plan	11	3	47416.7100	34986.70247	5335.12	117318.38
Medicaid State Plan	11	3	50894.9682	35154.98460	6228.42	119042.69
AllMedicaidServices	11	3	50894.9682	35154.98460	6228.42	119042.69

a. Eligible for grant, but not yet paid claims. Documents that substantial services provided before offered grant.
Opportunity to offset costs and improve community based functioning. Information not included in the discussion.